Notifiable Disease Surveillance Monthly Report

Metro Public Health Department

Date: June12, 2003



May 2003 Reported Notifiable Diseases at a Glance

		ubic Discuses at a		
Disease	May 2003	Cumulative through May 2003	May 2002	Cumulative through May 2002
AIDS* - pages 3 & 4	40	109	23	83
HIV* - pages 3 & 4	38	127	32	137
Sexually Transmitted Diseases - page 3				
Chlamydia	244	1,186	183	894
Gonorrhea	143	644	117	535
Primary and Secondary Syphilis	2	11	0	20
Other Syphilis	10	77	20	116
Tuberculosis - page 8	3	21	1	20
Communicable Diseases ** - pages 5-7				
Gastrointestinal Diseases ¹	3	27	14	49
Hepatitis A	0	3	1	10
VRE & DRSP ²	5	37	6	48
Neisseria meningitidis Disease	0	0	0	1
Bacteremia and meningitis caused by:				
Haemophilus influenzae	0	1	0	1
Group A streptococcus	1	10	0	2
Listeria monocytogenes	0	0	0	0
Other Bacteria ³	0	2	1	2
Other Communicable Diseases ⁴	1	10	1	9
Vaccine-preventable Diseases**- pages 5 & 7				
Influenza-like Illness^	0	917	2	223
Other ⁵	0	6	1	8

^{*}Includes both Davidson County residents and non-Davidson County residents

^{**}Presented on this page by event date

[^]Includes cases reported as confirmed and probable

¹ Gastrointestinal diseases = campylobacteriosis, *E-coli* 0157:H7, giardiasis, salmonellosis, and shigellosis

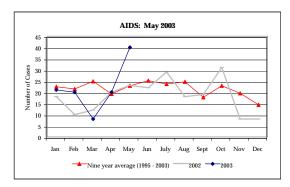
²VRE = Vancomycin resistant enterococci / DRSP = drug resistant *Streptococcus pneumoniae*

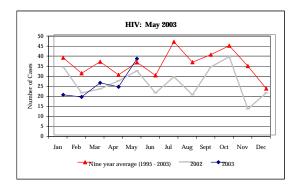
³See page 9 for a list of bacteria included in this category

⁴Includes diseases listed in tables on pages 5 through 7 categorized as "Other"

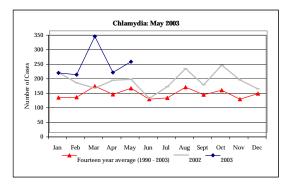
⁵Includes diphtheria, measles, mumps, pertussis, and tetanus

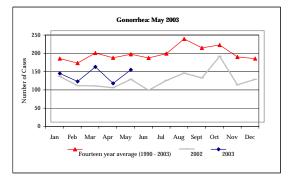
HIV/AIDS

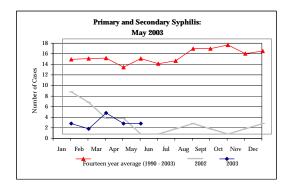




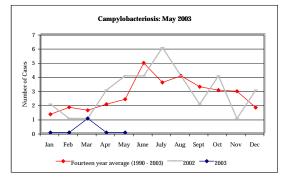
Sexually Transmitted Diseases

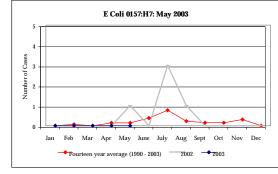


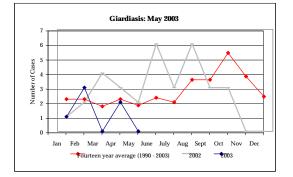


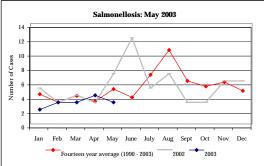


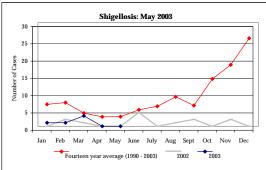
Gastrointestinal Diseases



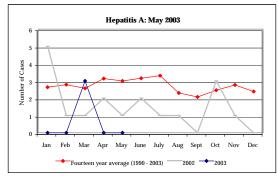


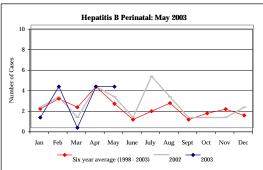


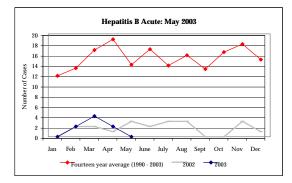


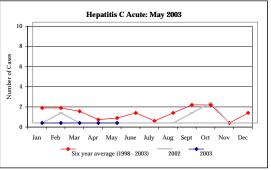


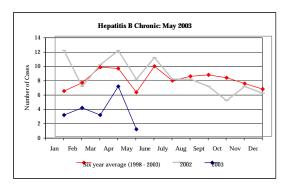
Hepatitis

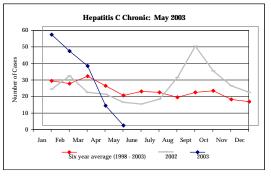




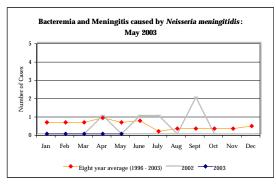


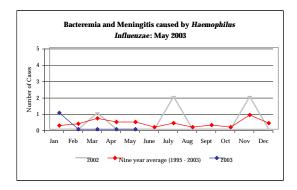


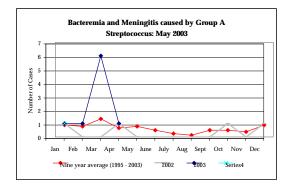


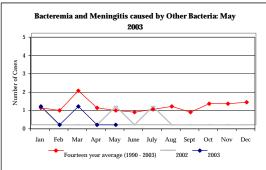


Meningitis

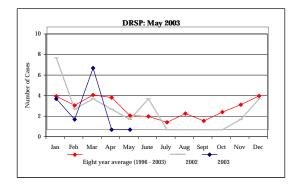


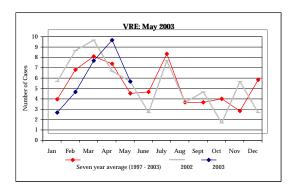




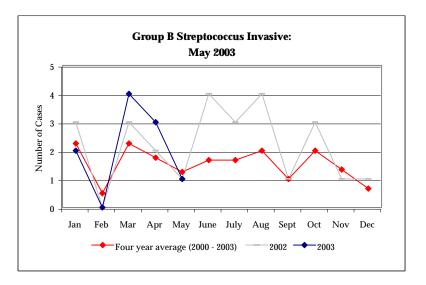


DRSP and VRE

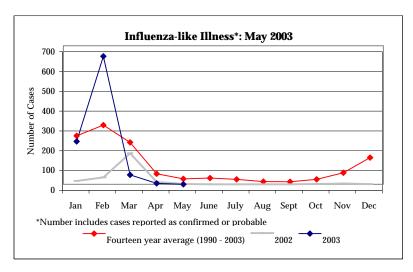


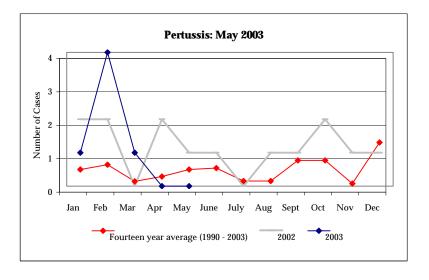


Other Communicable Diseases

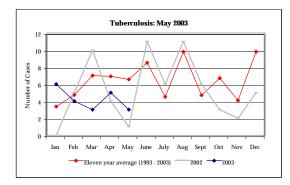


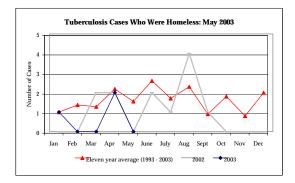
Vaccine-preventable Diseases





Tuberculosis





Notifiable Disease Surveillance Monthly Report: AIDS/HIV/STDs

Month: May, 2003 by Date of Report

									j , \sim	J		, 01 1	cepoi								
Disease	Reported Cases	Place	of Diagnosis		R	ace			Gender						A	ge					Previous Year
		MHD	Other	White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	May, 2002
								AID	S/HIV												
AIDS*	40		40	23	17			32	8					1	15	18	5	1			23
HIV*	38	7	31	19	15	3	1	32	6				3	11	9	8	4	3			32
				•	<u>'</u>			S	exually T	ansmitte	d Diseases			•							
Chlamydia	244	80	164	66	144	7	27	65	179				98	114	23	8	1				183
Gonorrhea	143	67	76	30	94	7	12	78	65				34	72	22	14	1				117
Syphilis, Primary	1		1	1				1						1							
Syphilis, Secondary	1		1		1				1						1						
Syphilis, Congenital																					
Syphilis, Other	10	2	8	5	5			8	2					1	3	4	2				20
Total Syphilis	12	2	10	6	6	0	0	9	3	0	0	0	0	2	4	4	2	0	0	0	20
Total STDs	399	149	250	102	244	14	39	152	247	0	0	0	132	188	49	26	4	0	0	0	320
Syphilis Cases Who Were			•					2													
Homeless	2		2	1	1					41	May, 20	M2			1		1				0
								Cui		IDS/HIV		103									
						I				IDS/III V			I					1			
AIDS*	109		109	57	51	1		83	26					10	35	48	13	3			83
HIV*	127	25	102	60	61	5	1	98	29				4	34	36	35	12	6			137
					ı	ı	1	S	exually T	ansmitte	d Diseases		T								
Chlamydia	1,186	369	817	353	735	21	77	326	860				420	613	125	23	5				894
Gonorrhea	644	280	364	139	463	13	29	350	294				151	295	122	56	16	3	1		535
Syphilis, Primary	4	1	3	3	1			4						3	1						7
Syphilis, Secondary	7	1	6	3	4			3	4						6	1					13
Syphilis, Congenital					,							_							,		
Syphilis, Other	77	20	57	25	52			54	23					20	21	22	11	3			116
Total Syphilis	88	22	66	31	57	0	0	61	27	0	0	0	0	23	28	23	11	3	0	0	136
Total STDs	1,918	671	1,247	523	1,255	34	106	737	1,181	0	0	0	571	931	275	102	32	6	1	0	1,565
Syphilis Cases Who Were Homeless	4	1	3	1	3			4							1	2	1				4

Blank space = No report received Includes both Davidson County and non-Davidson County residents

Notifiable Disease Surveillance Monthly Report: AIDS/HIV Davidson County Resident Only

Month: May, 2003 by Date of Report

Disease	Reported Cases	Place of	Diagnosis		Ra	ace			Gender						A	ge					Previous Year
		MHD	Other	White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	May, 2002
									A	IDS/HI	V										
AIDS	29		29	18	11			22	7						13	14	1	1			18
HIV	26	6	20	12	10	3	1	23	3				3	9	5	7		2			24
								Cum	ulative	Throug	h May,	2003									
									A	IDS/HIV	V										
AIDS	84		84	41	42	1		63	21					6	29	39	8	2			63
HIV	89	29	60	35	49	4	1	69	20				4	23	23	28	7	4			106

Notifiable l	Disease Su	rveil	lance 1	Mon	thly	Repo	rt: A	\IDS	S/HI	V No	n-D	avid	son (Cour	ıty R	esid	ent (Only			Month:
							Ma	y, 2 (003 b	y Da	te of	Rep	ort								
Disease	Reported Cases	Place of	f Diagnosis		R	ace			Gender						A	ge					Previous Year
		MHD	Other	White	Black	Other	Unk	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	May, 2002
									A	IDS/HIV	I										
AIDS	11		11	5	6			10	1					1	2	4	4				5
HIV	12	1	11	7	5			9	3					2	4	1	4	1			8
	•	•	•		•	•		Cun	ıulative	Throug	h May,	2003	•								
AIDS	25		25	16	9			20	5					4	6	9	5	1			20
HIV	38	6	32	25	12	1		29	9					11	13	7	5	2			31
Blank space = No report receiv	ed							-	•												-

Notifiable Disease Surveillance Monthly Report: Communicable Disease/Vaccine-Preventable Month: May, 2003 by Event Date

Disease	Reported Cases		R	ace	-		Gender						A	Age					Previous Year
		White	Black	Other	Unk	Male	Female	Unk	<1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	May, 2002
						(Gastrointes	stinal Dise	ases										
Campylobacteriosis																			4
E-Coli 0157:H7																			1
Giardiasis																			2
Salmonellosis	3	1			2	2	1				1				2				7
Shigellosis																			
Total	3	1	0	0	2	2	1	0	0	0	1	0	0	0	2	0	0	0	14
							Hepatitis	A, B, and	С		•								
Hepatitis A																			1
Hepatitis B															'				
-Acute																			3
-Chronic	1	1				1								1					8
-Perinatal	4				4		4					3	1						3
Hepatitis C	-							1								1	1		_
-Acute																			
-Chronic																			14
Total	5	1	0	0	4	1	4	0	0	0	0	3	1	1	0	0	0	0	29
10.00		•			-		ial Mening						-	-				·	
Neisseria meningitidis Disease								ĺ											
										l	-		l .			l			
Bacteremia and meningitis caused by:																			
Haemophilus influenzae																			
Group A Streptococcus	1				1	1											1		
Listeria monocytogenes																			
Other Bacteria																			1
Total	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	0	1
							DRS	SP/VRE											
DRSP																			1
VRE	5	2	3			2	2	1						2	1	1	1		5
Total	5	2	3	0	0	2	2	1	0	0	0	0	0	2	1	1	1	0	6
							C	ther											
Invasive Group B Streptococcus	1	1				1							1						1
Total	1	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	1
T. 1 (0 11 P)	45	_	_			_		-											
Total of Communicable Diseases	15	5	3	0	7	7 Va	7 ccine-preve	1	0	0	1	3	2	3	3	1	2	0	51
				T	1	v a	ccine-preve	entable Di	seases					1			<u> </u>		
Diphtheria				-			-												_
Influenza-like Illness				-			-												2
Measles			1	1			1												
Mumps			1	1			1												
Pertussis																			1
Tetanus			-	-			-												
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3

^{*} Reported as confirmed cases

Notifiable Disease Surveillance Monthly Report: Communicable Disease/Vaccine-Preventable

Cumulative Through May, 2003 by Event Date

D'	P 1 C				ILIVC	11110	ugn N	Tay, 2	-005	Uy	LVCI	it Da							P
Disease	Reported Cases	White	Black	Other	Unk	Male	Gender Female	Unk	<1	1-9	10 - 19	20 - 29		40 - 49	50 - 59	60 - 69	70+	Unk	Previous Year May, 2002
		White	Diack	Other	Clik		Gastrointes			1-9	10 - 19	20-29	30 - 39	40 - 49	30-39	00 - 09	70+	UIIK	Wiay, 2002
Campylobacteriosis	1				1	1				Ι				1					11
E-Coli 0157:H7	1				1									1					1
Giardiasis	6	1			5	2	3	1	1	2		1	1	1					12
Salmonellosis	15	6	3	2	4	5	10		3	6	1	1	2	1	3				22
Shigellosis	5	2			3	2	3		-	2	1		1		3			1	3
Total	27	9	3	2	13	10	16	1	4	10	2	1	4	2	3	0	0	1	49
Total					10	10		A, B, and		10			-		3	·		-	*2
Hepatitis A	3	1			2	2	1					1		1		1			10
Hepatitis B	-				_						-			-	1	-	l .		10
-Acute	8		1		7	7	1					2	1	2	3				8
-Chronic	18	1	3	2	12	12	6		1		3	1	2	6	2	1	2		49
-Perinatal	13			1	12		13				,	10	3		-	•			13
Hepatitis C																1			20
-Acute																			1
-Chronic	148	87	43	5	13	83	64	1				6	17	71	49	3	2		105
Total	190	89	47	8	46	104	85	1	1	0	3	20	23	80	54	5	4	0	186
							ial Mening												
Neisseria meningitidis Disease	1																		1
3												1					l.		
Bacteremia and Meningitis caused by:											1	1	ı	1	ı		ı		
Haemophilus influenzae	1	1					1										1		1
Group A Streptococcus	10	6	2		2	4	6					1	3	2		1	3		2
Listeria monocytogenes																			
Other Bacteria	2	1	1				2						1	1					2
Total	13	8	3	0	2	4	9	0	0	0	0	1	4	3	0	1	4	0	6
							DRS	SP/VRE			1	1	ı	1	ı		ı		
DRSP	10	2	4		4	4	6		1	1	1	1			1	1	4		15
VRE	27	16	8		3	8	18	1	1			1	2	5	6	4	8		33
Total	37	18	12	0	7	12	24	1	2	1	1	2	2	5	7	5	12	0	48
								ther		1		I	ı				ı		
Invasive Group B Streptococcus	10	9	1	-		5	5		3			2	1	1		2	1		9
Total	10	9	1	0	0	5	5	0	3	0	0	2	1	1	0	2	1	0	9
Total of Communicable Diseases	277	133	66	10	68	135	139	3	10	11	6	26	34	91	64	13	21	1	298
					1		ccine-preve												
Diphtheria																			
Influenza-like Illness	917*				917			917										917	223**
Measles																			-
Mumps																			1
Pertussis	6	3		1	2	3	3		4	2									7
Tetanus	1			_	_					-									-
Total	923	3	0	1	919	3	3	917	4	2	0	0	0	0	0	0	0	917	231
*Reported as confirmed cases	**220 reported as con		1 -								<u> </u>			1 -		1 -			

*Reported as confirmed cases

**220 reported as confirmed cases

Notifiable Disease Surveillance Monthly Report: Hepatitis Risk Factors

Month: May, 2003 by Event Date

Pid Forton	Reported	Information Not						Gender											
Risk Factor	Cases	Available*			ace									A					
			White	Black	Other	Unk epatitis A		Female	Unk	<1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk
Desired a Constant of the Constant			_			epanus A	`												
During the 2 - 6 weeks prior to illness:			_				_					1							
Child/employee daycare																			
Household contact to child in daycare																			
Contact to case																			
Sexual																			
Household																			
Other																			
Foodhandler																			
Consume raw shellfish																			
Part of common-source outbreak																			
Travel																			
South/Central America																			
Africa																			
Caribbean																			
Middle East																			
Asia/South Pacific												1							
Australia/New Zealand																			
Other																			
Duration																			
1 - 3 Days																			
4 - 7 Days																			
More than 7 Days																			
Total Reported Cases	0													l					<u> </u>
•					Н	lepatitis I	3												
During the 6 weeks - 6 months prior to illness:						*****													
Contact to case																			
Sexual																			
Household																			
Other																			
Employed in medical/dental field																			
Receive blood products																			
Associated with dialysis or kidney transplant unit																			
Inject street drugs																			
Sexual Preference																			
Heterosexual																			
Homosexual																			
Bisexual																			
Unknown																			
Number of sex partners																			
None																			
One																			
2 - 5																			
More than 5																			
Unknown																			
Dental surgery																			
Other surgery											_								
Acupuncture																			
Tattoo																			
Accidental needle stick												1							1
Object contaminated with blood																			
Received 3 dose hepatitis B series																			
Yes																			
No																			
Total Reported Cases	0							,				•		•					
When the NETSS field for a specific risk factor is blank (not marked		case will be reflected in t	he count for	this colum															

^{*}When the NETSS field for a specific risk factor is blank (not marked yes or no), that case will be reflected in the count for this column Information provided only when case answered positively for the respective risk factor

Notifiable Disease Surveillance Monthly Report: Hepatitis Risk Factors Cumulative through May, 2003 by Event Date

	D 1. 1	T-Commission No.			- 0		,	5											
Risk Factor	Reported Cases	Information Not Available*		Ra	ice			Gender						A	.ge				
			White	Black		Unk		Female	Unk	<1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk
					Н	epatitis A	1												
During the 2 - 6 weeks prior to illness:																			
Child/employee daycare																			
Household contact to child in daycare																			1
Contact to case																			1
Sexual																			
Household																			
Other																			
Foodhandler																			ļ
Consume raw shellfish																			
Part of common-source outbreak																			—
Travel																			—
South/Central America																			
Africa																			
Caribbean																			
Middle East								\vdash						-		1			
Asia/South Pacific								\vdash						-		1			
Australia/New Zealand								\vdash						-		1			
Other																			
Duration 1 - 3 Days																			
4 - 7 Days																			
More than 7 Days																			
Total Reported Cases	3	1																	
Total Reported Cases	3	1			п	epatitis I	2												
During the 6 weeks - 6 months prior to illness:					- 11	epantis i	,												
Contact to case																			
Sexual																			
Household																			
Other																			
Employed in medical/dental field																			
Receive blood products																			
_																			
Associated with dialysis or kidney transplant unit																			ı
Inject street drugs	1					1	1						1						
Sexual Preference																			
Heterosexual	5					1	1						2			3			
Homosexual																			
Bisexual																			
Unknown																			
Number of sex partners																			
None	2					2	2									2			
One																			
2 - 5	3			1		2	3						2			1			-
More than 5				ļ									ļ	ļ					-
Unknown														ļ					-
Dental surgery								\vdash						-					
Other surgery								 						ļ					
Acupuncture																			—
Tattoo														-		1			
Accidental needle stick								\vdash						-		1			
Object contaminated with blood																			
Received 3 dose hepatitis B series Yes																			
No	5			1		4	5						2	-		3			
Total Reported Cases	8	3		1		4	- 5						-	-		3			
*When the NETSS field for a specific risk factor is blank (not marked			h	this solven				11				l	l	1	L				

Information provided only when case answered positively for the respective risk factor

Notifiable Disease Surveillance Monthly Report: Communicable Disease/Vaccine-Preventable

Month: May, 2003 by Date of Report

Disease	Reported Cases			ace			Gender							.ge					Previous Year
		White	Black	Other	Unk	Male	Female	Unk	<1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	May, 2002
			•	,			,	Gastrointe	stinal Dise	ases	,			•					
Campylobacteriosis																			1
E-Coli 0157:H7																			1
Giardiasis	2				2	1		1	1	1									1
Salmonellosis	5	2			3	2	3			1	1			1	2				4
Shigellosis																			
Total	7	2	0	0	5	3	3	1	1	2	1	0	0	1	2	0	0	0	7
								Hepatiti	s A, B, and	C									
Hepatitis A																			
Hepatitis B																			
-Acute	3				3	3								1	2				2
-Chronic	8	1	2	1	4	6	2		1		1	1	1	4					8
-Perinatal	8				8		8					6	2						1
Hepatitis C																			
-Acute																			
-Chronic	16	7	7		2	9	7						3	6	7				1
Total	35	8	9	1	17	18	17	0	1	0	1	7	6	11	9	0	0	0	12
									gitis and Ba										
Neisseria meningitidis Disease																			
Bacteremia and meningitis caused by:																			
Haemophilus influenzae																			
Group A Streptococcus	2		1		1	2							1				1		
Listeria monocytogenes																			
Other Bacteria																			
Total	2	0	1	0	1	2	0	0	0	0	0	0	1	0	0	0	1	0	0
								DR	SP/VRE										
DRSP	2		1		1	1	1		1						1				
VRE	10	6	4			5	4	1	1					2	2	2	3		
Total	12	6	5	0	1	6	5	1	2	0	0	0	0	2	3	2	3	0	0
									Other										
Invasive Group B Streptococcus	4	4				3	1		1			1	1			1			
Lyme Disease	1				1		1				1								
Malaria	1		1			1								1					
Total	6	4	1	0	1	4	2	0	1	0	1	1	1	1	0	1	0	0	0
Total of Communicable Diseases	62	20	16	1	25	33	27	2	5	2	3	8	8	15	14	3	4	0	19
				T			Va	ccine-prev	entable Di	seases	T								
Diphtheria																			
nfluenza-like Illness	4*				4			4										4	
Measles																			
Mumps																			
Pertussis																			
Γetanus																			
Total	4	0	0	0	4	0	0	4	0	0	0	0	0	0	0	0	0	4	0

^{*} Reported as confirmed cases

Notifiable Disease Surveillance Monthly Report: Communicable Disease/Vaccine-Preventable Cumulative Through May, 2003 by Date of Report

-	Reported Cases				iiiiuia	uve	nrou	gn wi	ay, 20	US DY	Date	or Ke							
Disease	Reported Cases	White	Ra Black	Other	Unk	Male	Gender Female	Unk	<1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	Previous Year May, 2002
		winte	Diack	Other	Olik	Maie		Gastrointe			10-19	20 - 29	30 - 39	40 - 49	30 - 39	00-09	70+	Olik	Way, 2002
Commissionic	1	<u> </u>			1	1		Gustronite	Minur Bise	1000				1		1			5
Campylobacteriosis E-Coli 0157:H7	1				1	- 1								1					1
		1			-	_	2	-	-			-	-	-					5
Giardiasis	6 16		3		5	2	3 11	1	3	2	-	1	2	1	3				18
Salmonellosis	5	6	3	2	3	5 2	3		3	6	1		1	1	3			1	3
Shigellosis	28	9	3		14	10	17	1	4	10	2			2				1	
Total	28	9	3	2	14	10	17		A, B, and		2	1	4	3	3	0	0	1	32
Hepatitis A	3	1			2	2	1	Trepatitis	71, <i>D</i> , and			1		1	1	1			7
Hepatitis B	3	-					1					1		1		-			,
-Acute	9		1		8	8	1					2	1	3	3	1			5
-Chronic	19	1	3	2	13	12	7		2		3	1	2	6	2	1	2		29
-Perinatal	13	-	,	1	12	12	13			-	3	10	3	0		1			5
Hepatitis C	13			-	12		13					10	, ,	1					3
-Acute																			1
-Chronic	148	87	43	5	13	83	64	1				6	17	71	49	3	2		54
Total	192	89	47	8	48	105	86	1	2	0	3	20	23	81	54	5	4	0	101
Total	192	09	47		40	103		rial Menin			3	20	23	01	34	3	*	U	101
Neisseria meningitidis Disease	1								,										
															1		1		
Bacteremia and Meningitis caused by:				ı	ı						ı			T	T	T	ı		
Haemophilus influenzae	1	1					1										1		
Group A Streptococcus	10	6	2		2	4	6					1	3	2		1	3		1
Listeria monocytogenes																			
Other Bacteria	2	1	1				2						1	1					1
Total	13	8	3	0	2	4	9	0	0	0	0	1	4	3	0	1	4	0	2
							I .	DK	SP/VRE					1		1			
DRSP	10	2	4		4	4	6		1	1	1	1	_	_	1	1	4		12
VRE	27	16	8		3	8	18	1	1			1	2	5	6	4	8		15
Total	37	18	12	0	7	12	24	1	2 Other	1	1	2	2	5	7	5	12	0	27
Investigation Community B Character and	10					-	-					-	-				-		
Invasive Group B Streptococcus	10	9	1		-	5	5		3		-	3	1			2	1		6
Lyme Disease	1		-		1	-	1				1								
Malaria Total	1 12	9	2	0	-	1	6	0	3	0	1	,	1	1	0	2	1	0	7
1 Otal	12	9		U	1	6	6	U	3	0	1	3	1	1	0	2	1	U	/
Total of Communicable Diseases	282	133	67	10	72	137	142	3	11	11	7	27	34	93	64	13	21	1	169
							Va	accine-prev	entable Di	seases									
Diphtheria																			
Influenza-like Illness	920*				920			920										920	208**
Measles																			
Mumps																			1
Pertussis	6	3		1	2	3	3		4	2									4
Tetanus																			
Total	926	3	0	1	922	3	3	920	4	2	0	0	0	0	0	0	0	920	213
*Reported as confirmed cases	**206 cases reported as	confirmed																	

*Reported as confirmed cases Blank space = No report received **206 cases reported as confirmed

Notifiable Disease Surveillance Monthly Report: Tuberculosis Month: May, 2003 by Date of Report

											J		сроі									
Site	Reported Cases	Place of 1	Diagnosis		Race/E	thnicity				Gender						A	ge					Comments
		MHD	Other	White Non-Hisp	Black Non-Hisp Hispanic	Amer. Ind/Alask. Nat.	Asian/Pac. Islander	Other	Male	Female	Unk	< 1	1-9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Unk	
New Pulmonary Cases	3		3	1	2				3							1	1	1				
New Extrapulmonary Cases																						
New Cases in Dual Sites																						
New Homeless Cases																						Total New Cases
Total New Cases	3		3	1	2				3							1	1	1				May 2002: 1
		-		•					Cumula	tive Throu	gh May, 20	003										
										Pulmona	ıry											
Total Cases	16	3	13	8	7		1		13	3				2	1	1	4	5	2	1		
	•	-		•						Extrapulmo	onary											
Total Cases	3	1	2	1	1		1		3							2	1					
					· · · · · · · · · · · · · · · · · · ·					Dual Sit	es				l			l	I .		l	
Total Cases	2		2	1	1				1	1					1			1				
		•			+					All Site	s									ļ		
Total Cases	21	4	17	10	9		2		17	4				2	2	3	5	6	2	1		
Total Homeless Cases	3	1	2	1	2				3								2	1				
Total Drug-resistant Cases																						Cumulative Total Thru
Total Multi-drug resistant Cases																						May 2002: 20
Total Cases with HIV Co- infection	1	1		1					1							1						-
Total Cases Foreign Born < 5		•	_												_				_			
Years Total Cases Foreign Born > 5 Years	3	2	3	1	1		1		3						1	1	2		1			

Definitions and Technical Notes

1. Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (AIDS): Effective January 1, 2000, the Centers for Disease Control & Prevention (CDC) has established a new case definition for HIV infection in adults and children that includes revised surveillance criteria for HIV infection and incorporates the surveillance criteria for AIDS. For adults and children aged \geq 18 months, the HIV surveillance case definition includes laboratory and clinical evidence specifically indicative of HIV infection and severe HIV disease. For children aged <18 months (except for those who acquired HIV infection other than by perinatal transmission), the HIV surveillance case definition updates the definition in the 1994 revised classification system. The revised case definition includes HIV nucleic acid (DNA or RNA) detection tests and permits reporting of cases based on the result of any test licensed for diagnosing HIV infection in the U.S. The entire case definition may be found in MMWR, December 10, 1999 / Vol.48 / No. RR-13.

Effective January 1, 1993, the CDC expanded the AIDS surveillance to include all HIV infected adolescents and adults aged greater than or equal to 13 years who have either a) less than 200 CD4+ T-lymphocytes/uL; b) a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14%; or c) any of the following three clinical conditions: pulmonary tuberculosis, recurrent pneumonia, or invasive cervical cancer. The expanded definition retained the 23 clinical conditions in the AIDS surveillance case definition published in 1987.

- 2. <u>Sexually Transmitted Diseases (STDs)</u>: Sexually transmitted diseases are infections one can acquire by having sex (vaginal, oral, and/or rectal) with another who has the infection. Viruses or bacteria can cause STDs. Although there are many types of STDs, only HIV/AIDS, chlamydia, gonorrhea, and syphilis are required to be reported to the health department and are presented in this report. HIV/AIDS cases are tabulated separately from other STDs for programmatic reasons.
- 3. <u>Communicable/Vaccine-preventable Diseases</u>: Communicable diseases in this report are a selected group of notifiable diseases that are reported to the Metropolitan Health Department of Nashville and Davidson County (MHD) regularly (other than AIDS/HIV, STDs, and TB). Other communicable diseases not listed in this report may be added as needed. Communicable diseases make up the largest portion of notifiable diseases, which are diseases that are required by law to be reported to the health department. Diseases that can be prevented by immunization include influenza, measles, mumps, polio, rubella (German measles), pertussis, diphtheria, tetanus, *Haemophilus influenzae* type b, hepatitis B, varicella (chickenpox), and others. Influenza, measles, diphtheria, mumps, pertussis, and tetanus are the six vaccine-preventable diseases listed regularly in this report, although others may be included as needed.
- 4. <u>Tuberculosis</u>: A chronic bacterial infection caused by <u>Mycobacterium tuberculosis</u> (MTB), characterized pathologically by the formation of granulomas. The most common site of infection is the lung, but other organs may be involved. A verified case of TB is a case that has laboratory confirmation of <u>Mycobacterium tuberculosis</u> (i.e., positive culture for MTB) or, in the absence of laboratory confirmation, a case that meets the clinical case definition. A clinical case meets all of the following criteria: 1.) It has a positive tuberculin skin test. 2.) Other signs and symptoms compatible with tuberculosis (e.g., an abnormal, unstable [i.e., worsening or improving] chest radiograph, or clinical evidence of current disease are present. 3.) There is treatment with two or more antituberculosis medications. 4.) A completed diagnostic evaluation. Because verification of a tuberculosis case according to the case definition as described above requires 6 8 weeks or longer, a case may be reported to the Tennessee Department of Health (TDOH) and presented in this report one to two months or longer after evaluation and care was initiated for the case. Following evaluation for tuberculosis, some persons are determined to not have a laboratory confirmation of MTB or to meet the clinical case definition for the disease, and are therefore not reported to the TDOH.

A TB case should not be counted twice within any consecutive 12-month period. However, cases in which the patients had previously had verified disease should be reported again if the patients were discharged from treatment. Cases also should be reported again if patients were lost to supervision for greater than 12 months and disease can be verified again. Mycobacterium diseases other than those caused by M. tuberculosis complex should not be counted in tuberculosis morbidity statistics unless there is concurrent tuberculosis. (Centers for Disease Control & Prevention case definition).

Information pertaining to tuberculosis cases who were homeless is provided beginning in December, 2000. Homeless is defined as:

- (1) An individual who lacks a fixed, regular, and adequate nighttime residence; or
- (2) An individual who has a primary nighttime residence that is:
 - (a) A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); or
 - (b) An institution that provides a temporary residence for individuals intended to be institutionalized; or
 - © A public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.

A homeless person may also be defined as a person who has no home, e.g., is not paying rent, does not own a home, and is not steadily living with relatives or friends. Another definition is a person who lacks customary and regular access to a conventional dwelling or residence. Included as homeless are persons who live on streets or in nonresidential buildings. Also included are residents of homeless shelters, shelters for battered women, welfare hotels, and single room occupancy (SRO) hotels which are not designated for permanent long-term housing. The term homeless is applied to any patient who meets the definition of homeless at any time during the 12 months prior to the time when the TB diagnostic evaluation was performed. (Definition from the TIMS User's Guide).

- 5. <u>Surveillance</u>: Continuous analysis, interpretation, and feedback of systematically collected data, generally using methods distinguished by their practicality, uniformity, and rapidity rather than by accuracy or completeness. By observing trends in time, place and persons, changes can be observed or anticipated and appropriate action, including investigative or control measures, can be taken. Sources of data may relate directly to disease or to factors influencing disease. Thus they may include (1) mortality and morbidity reports based on death certificates, hospital records, general practice sentinels, or notifications; (2) laboratory diagnoses; (3) outbreak reports; (4) vaccine utilization-uptake and side effects; (5) sickness absence records; (6) disease determinants such as biological changes in agent, vectors, or reservoirs; (7) susceptibility to disease, as by skin testing or serological surveillance (e.g., serum banks). This definition was taken from "A Dictionary of Epidemiology" third edition, edited by John M. Last, and published in 1995.
- 6. Event Date: Event date is defined as the earliest known date associated with the incidence of the disease. This date may be the date of disease onset, the date of clinical diagnosis, laboratory diagnosis, report to county health department, report to state health department, or as a last resort, any date associated with the case. For purposes of this report, event date is the date of laboratory diagnosis.
- 7. <u>Report Date</u>: Report date is defined as the date that the disease was reported to the Tennessee Department of Health. The report date is always a Saturday. For example, diseases displayed in this report by report date reflect those cases reported to the Tennessee Department of Health from the week ending the second Saturday of the month of the report to the week ending the first Saturday of the current month.

- 8. NETSS: National Electronic Transmitting Surveillance System
- 9. <u>TIMS</u>: Tuberculosis Information Management System
- 10. HARS: HIV/AIDS Reporting System
- 11. Cumulative totals for STD's, communicable diseases and vaccine-preventable diseases represent only the totals in 1999 and 2000 through the respective month being reported on in 1999 and 2000.

12. HIV/AIDS/STD data:

- ♦ Provided by: Dan McEachern, Division of STD Control, and Nancy Horner
- ♦ Date: June 6, 2003 and June 9, 2003
- ♦ Data Source: STD cases entered into the NETSS database by report date.
- ♦ HIV/AIDS cases entered into the HARS database during the calendar month of the report.
- ♦ Please note: Number of cases of HIV/AIDS may include both Davidson County residents and non-Davidson County residents. Resident vs. non-resident status is indicated page ten. STD data presented is Davidson County resident data only.

13. Communicable/Vaccine-preventable diseases data:

- ◆ The data used to prepare the Communicable/Vaccine-preventable Diseases portion of this report were downloaded from NETSS on June 2, 2003 at the Metropolitan Health Department of Nashville and Davidson County by Nancy Horner, Division of Epidemiology.
- ♦ Data presented is Davidson County resident data only.

In June 2000, changes were made in how bacterial meningitis and bacteremia are presented in the report. These changes were made to 1) make the data more easily interpreted and 2) to more closely represent the manner in which the diseases are reported to CDC through NETSS. The NETSS event numbers used to report these bacteria to the CDC include both cases of meningitis and bacteremia caused by the bacteria. In order to determine whether a reported case is meningitis or bacteremia requires entry into the secondary screens of the NETSS system where laboratory specifics are entered, such as 1) specimen from which the organism was isolated (blood, cerebrospinal fluid, pleural fluid, peritoneal fluid, pericardial fluid, joint, placenta, amniotic fluid, and other) and 2) type of infection caused by the organism (primary bacteremia, meningitis, otitis media, pneumonia, cellulitis, epiglottitis, peritonitis, pericarditis, septic abortion, amnionitis, septic arthritis, conjunctivitis, other); and 3) serogroup. This report will provide only the total numbers for the represented categories. For specific information pertaining to numbers of bacterial meningitis vs. bacteremia, contact Pam Trotter at Ext. 632.

The bacteria included in the "Other Bacteria" category include: Group B streptococcus, *Streptococcus pneumoniae*, Escherichia coli, *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Klebsiella* species, Enterobacter species, *Serratia* species, Actinobacter species, Group D streptococcus, and other streptococcus.

14. Tuberculosis data:

- ♦ Data pertaining to numbers of drug-resistant cases provided by Division of Tuberculosis Elimination.
- ♦ Date: Gwen Summers, May 12, 2003
- Nancy Horner, Division of Epidemiology, ran the tuberculosis data from the TIMS database on May 12, 2003.
- ♦ Data Source: TIMS. Tuberculosis cases presented in this report reflect surveillance of new cases based on calendar month of report.
- ♦ Please note: Cases presented are primarily Davidson County residents, but may include some cases diagnosed, treated, and managed in Davidson County but residing in another county. Those cases not Davidson County residents will be so indicated on the report.

Because determination of drug/multi-drug resistance may require as long as 2 months, beginning with the October 2001 report this information will presented only as cumulative data. Similarly, HIV reports may not be available to accurately reflect by month the HIV status of each case so HIV Co-infection status will presented as cumulative data only.

In September of 2001, maps were added to the report. The maps are geographical representation of individual cases of diseases. The maps are produced using ArcView GIS Version 3.0.

In May of 2002, information pertaining to risk factors for hepatitis A and B were added to the report.